

**WISCONSIN MEDICAID
DECLARATION OF SUPERVISION FOR NONBILLING PROVIDERS INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to Medicaid administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for those services.

INSTRUCTIONS

Nonbilling providers receive nonbilling provider numbers. The numbers cannot be used independently to bill Wisconsin Medicaid. The following nonbilling providers are required to complete the Declaration of Supervision for Nonbilling Providers form, HCF 1182, for changes in physical address and all supervisor changes:

- Occupational Therapy Assistants.
- Physical Therapist Assistants.
- Physician Assistants.
- Speech Therapists, Bachelor of arts (BA) level.

The nonbilling provider(s) who has changed his or her work address or supervisor should complete Section I. The nonbilling provider's supervisor should complete Section II.

SECTION I — PROVIDER INFORMATION

Name and Credentials — Nonbilling Provider

Enter the nonbilling provider's first name, middle initial, and last name. Also include whether the nonbilling provider is an occupational therapy assistant, physical therapist assistant, physician assistant, or speech therapist, BA level.

Wisconsin Medicaid Provider Number

Enter the nonbilling provider's eight-digit Medicaid identification number. Do not enter any other numbers or letters.

Address — Nonbilling Provider

Enter the nonbilling provider's complete physical work address (street, city, state, and zip code). A post office (P.O.) box number alone is not acceptable.

Telephone Number — Nonbilling Provider

Enter the nonbilling provider's telephone number, including the area code, of the office, clinic, facility, or place of business.

Provider Reimbursement Statement

In the space labeled "Name — Provider," write the complete name of the nonbilling provider. In the space labeled "Name — Clinic or Supervisor" write the name of the clinic or supervisor where Wisconsin Medicaid will send reimbursement.

Signature — Nonbilling Provider

The signature of the nonbilling provider is required here. Signature stamps and electronic signatures are not acceptable.

Date Signed

Enter the month, day, and year (in MM/DD/YYYY format) this form was completed and signed. This is a required field.

SECTION II — SUPERVISOR INFORMATION

Name — Supervisor

Enter the supervisor's first name, middle initial, and last name.

Wisconsin Medicaid Provider Number

Enter the supervisor's eight-digit Medicaid identification number, if applicable. Do not enter any other numbers or letters.

IRS Number — Employer

Enter the nine-digit federal tax identification number (Internal Revenue Service [IRS] number) of the supervisor's employer.

Address — Supervisor

Enter the supervisor's complete physical work address (street, city, state, and zip code).

Telephone Number — Supervisor

Enter the supervisor's telephone number, including the area code, of the office, clinic, facility, or place of business.

Supervisor Reimbursement Statement

In the space labeled "Name — Supervisor," write the complete name of the nonbilling provider's supervisor. In the space labeled "Name — Provider," write the complete name of the nonbilling provider. In the space labeled "Supervisor's Effective Starting Date," enter the month, day, and year (in MM/DD/YYYY format) when this person began supervising the nonbilling provider's work.

Signature — Supervisor

The signature of the supervisor must appear here. Signature stamps and electronic signatures are not allowed.

Date Signed

Enter the month, day, and year (in MM/DD/YYYY format) this form was completed and signed.